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CONFIRMATION NO. 3674

Bib Data Sheet

|  |   |                        |   |                                       |   |   |  |  |                                      |
|--|---|------------------------|---|---------------------------------------|---|---|--|--|--------------------------------------|
| SERIAL NUMBER<br>10/077,364  | FILING DATE<br>02/15/2002<br><br>RULE   | CLASS<br>705           | GROUP ART UNIT<br>3625  | ATTORNEY<br>DOCKET NO.<br>29178/38215 |   |   |  |  |                                      |
| <b>APPLICANTS</b><br><br>John K. Savage, Raymond, NH;<br><br>** CONTINUING DATA ***** <i>Y CML</i> *****<br>This application is a REI of 08/863,000 05/27/1997 PAT 6,026,372<br><br>** FOREIGN APPLICATIONS *****<br><br>IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br>** 04/16/2002  |   |                        |   |                                       |   |   |  |  |                                      |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">           Foreign Priority claimed<br/> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br/>           35 USC 119 (a-d) conditions met<br/> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br/>           Verified and Acknowledged<br/>           Examiner's Signature <i>[Signature]</i> Initials         </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">           STATE OR<br/>COUNTRY<br/>NH         </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">           SHEETS<br/>DRAWING<br/>4         </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">           TOTAL<br/>CLAIMS<br/><i>55 22</i> </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">           INDEPENDENT<br/>CLAIMS<br/><i>3 10</i> </td> </tr> </table> |   |                        |   |                                       | Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged<br>Examiner's Signature <i>[Signature]</i> Initials | STATE OR<br>COUNTRY<br>NH                     | SHEETS<br>DRAWING<br>4   | TOTAL<br>CLAIMS<br><i>55 22</i>              | INDEPENDENT<br>CLAIMS<br><i>3 10</i> |
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| <b>ADDRESS</b><br>04743<br>MARSHALL, GERSTEIN & BORUN LLP<br>6300 SEARS TOWER<br>233 S. WACKER DRIVE<br>CHICAGO , IL<br>60606  |   |                        |   |                                       |   |   |  |  |                                      |
| <b>TITLE</b><br>Computer system for maintaining current and predicting future food needs   |   |                        |   |                                       |   |   |  |  |                                      |
| FILING FEE<br><br>RECEIVED<br>2172   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                        | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees ( Filing )</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees ( Issue )</td> </tr> </table> |                                       | <input type="checkbox"/> All Fees   | <input type="checkbox"/> 1.16 Fees ( Filing ) | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) | <input type="checkbox"/> 1.18 Fees ( Issue ) |                                      |
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| <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )   |   |                        |   |                                       |   |   |  |  |                                      |
| <input type="checkbox"/> 1.18 Fees ( Issue )   |   |                        |   |                                       |   |   |  |  |                                      |